



AUTHORIZATION FOR WITHHOLDING FEDERAL INCOME TAX
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 17628 (Rev. 10-2002)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

Please Print or Type

PART A MEMBER INFORMATION

Name (Last, First, Mi)

Social Security Number

Address

City

State

Zip Code + 4

PART B ELECTION

Withhold the following amount for Federal Income tax from my monthly retirement check:

\$ _____

Effective Date (Month/Year)

Month: _____ 1st, 20_____

PART C MEMBER AUTHORIZATION

I authorize NDPERS to withhold Federal income tax as stated in Part B. I understand that if I currently have North Dakota State income tax withheld, the amount of withholding will automatically adjust to 21% of my Federal income tax withholding.

Member's Signature

Date of Signature

NDPERS USE ONLY

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